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Attachment 4.35-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Washington ELIGIBILITY CONDITIONS AND REQUIREMENTS Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at §488.404(b)(1):

TN No. 95-12
Supersedes Approval Date: 10/4/95 Effective Date: 7/1/95 TN No.____